



SYSTEM THREE RESINS, INC.
 3500 West Valley Hwy. N.
 Suite 105
 Auburn, WA 98001
 Phone (253) 333-8118
 Fax (253) 333-8866

APPLICATION FOR CREDIT



SEE
 ATTACHED

Company Name	City	State	Zip
Address (Street or P.O. Box)		Fax	Telephone
Legal Form of Company	Federal Tax I.D. Number	Type of Business	

PRINCIPALS OF COMPANY

NAME:	ADDRESS:
_____	_____
_____	_____

BANK REFERENCE

NAME:	CONTACT PERSON:
_____	_____
PHONE:	ACCOUNT NUMBER:
_____	_____

CREDIT REFERENCES

NAME:	ADDRESS:	FAX:	TELEPHONE:
_____	_____	_____	_____
_____	_____	_____	_____

AGREEMENT

By signing this agreement I/we warrant that all representations made for the purpose of obtaining credit are true, and further agree:

1. To authorize release of any credit and banking information necessary for approval of this request.
2. To pay each invoice within the terms and conditions specified on each invoice.
3. To pay any and all attorney's fees and collection costs incurred by SYSTEM THREE RESINS, INC. in the event that collection efforts become necessary.

NOTE: Failure to supply a Credit Reference Fax number may cause a delay in the approval process.

Signature of Applicant	Title	Date
_____	_____	_____